

**FEC FORM 5**

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**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH STREET NW	
(c) City, State and ZIP Code WASHINGTON DC 20036	
3. FEC Identification Number <b>C</b> C90007907	
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Individual filers only</b>	Name of Employer Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report  
☐ July 15 Quarterly Report  
☐ October Quarterly Report  
☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
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THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS .....

.00
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7. TOTAL INDEPENDENT EXPENDITURES.....

1899.00
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Anne Saer

10/26/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
Care2

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 6Mailing Address  
275 Shoreline Dr

Amount

326.00

City State Zip Code  
Redwood City CA 94065Purpose of Expenditure  
List rentalCategory/  
Type 006Office Sought: ☒ House State: PA  
House ☐ Senate District: 10  
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Chris CarneyCalendar Year-To-Date Per Election  
for Office Sought .00Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Care2

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 6Mailing Address  
275 Shoreline Dr

Amount

326.00

City State Zip Code  
Redwood City CA 94065Purpose of Expenditure  
List rentalCategory/  
Type 006Office Sought: ☒ House State: TX  
House ☐ Senate District: 22  
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
nick LampsonCalendar Year-To-Date Per Election  
for Office Sought .00Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Care 2

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 6Mailing Address  
275 shoreline dr

Amount

326.00

City State Zip Code  
Redwood City CA 94065Purpose of Expenditure  
List rentalCategory/  
Type 006Office Sought: ☒ House State: VA  
House ☐ Senate District: 2  
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
phil KellamCalendar Year-To-Date Per Election  
for Office Sought .00Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

978.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
Care2

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address  
275 Shoreline Dr

Amount

326.00

City

Redwood City

State

CA

Zip Code

94065

Purpose of Expenditure  
List rentalCategory/  
Type

006

Office Sought:

☒ House

State: WI

House

☐ Senate☐ President

District: 8

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Steve KagenCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address  
1130 17th St

Amount

343.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure  
SalaryCategory/  
Type

001

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Richard PomboCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address  
1130 17th St

Amount

252.00

City

Washinton

State

DC

Zip Code

20036

Purpose of Expenditure  
SalaryCategory/  
Type

001

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Richard PomboCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures .....

921.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

1899.00